

Course Objectives

- **Recognize how patients can benefit from environmental health risk communication approaches**
- **Understand how approaches can usually facilitate the effectiveness of primary health care**
- **Learn how to access and use key information resources that are available**

What is “Health Risk Communication”?

- **Science-based and purposeful exchange of information between healthcare providers, patients, and often families for the purpose of helping patients make better health decisions**
- **It involves discussions about patient values, concerns, and beliefs**
- **It requires rapport-building, engagement, and trust**

Patient-Related Distortions Components of Outrage

- **Voluntary vs coerced**
- **Natural vs industrial**
- **Familiar vs not**
- **Memorable vs not**
- **Dreaded vs not**
- **Catastrophic vs chronic**
- **Knowable vs not**
- **Controlled vs not**
- **Fair vs unfair**
- **Morally relevant vs not**
- **Trust vs not**
- **Response vs not**

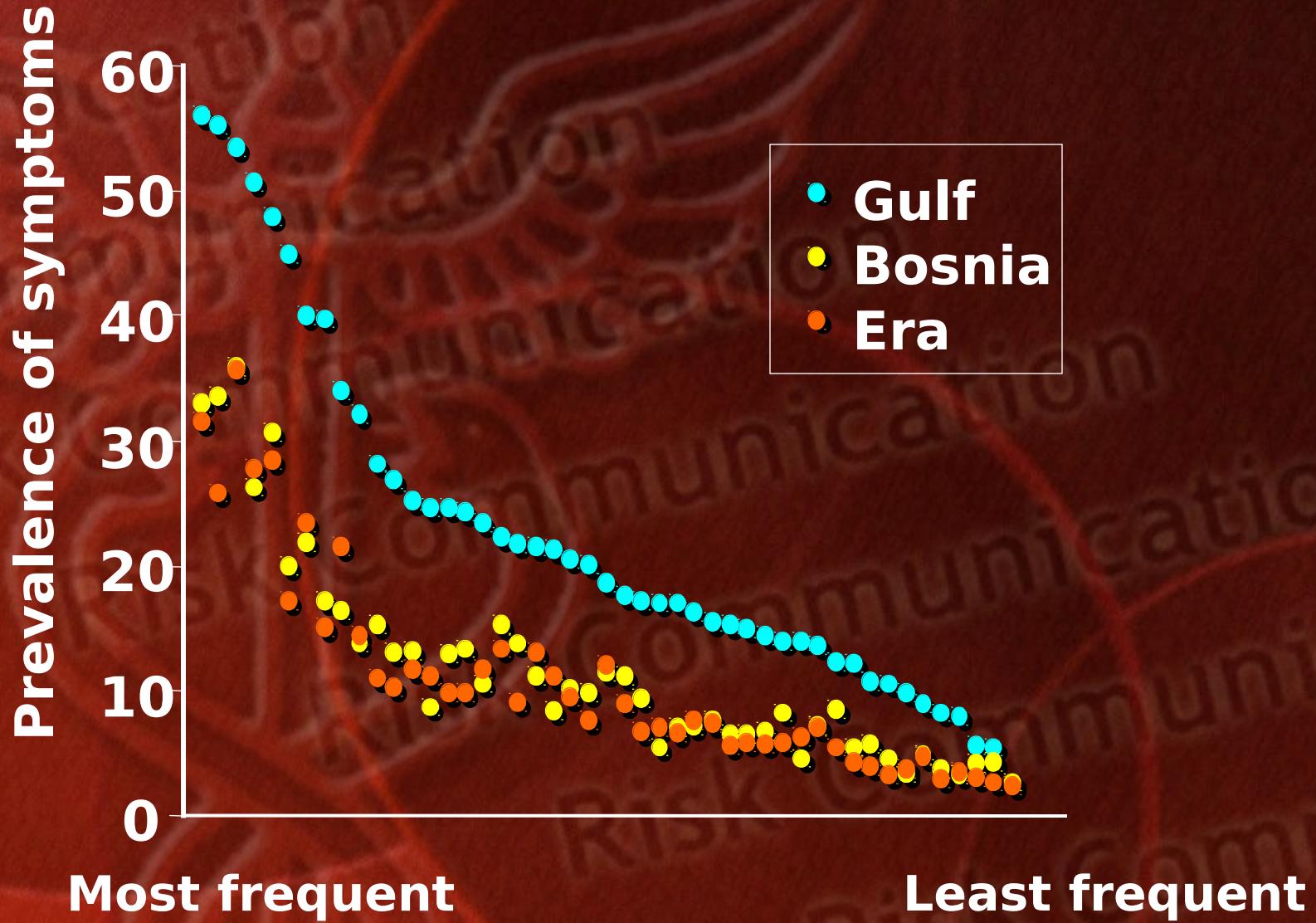


Components of Trust



Experience Has Validated the “Seven Rules”

- 1. Accept and involve interested parties as a legitimate partner**
- 2. Plan and evaluate your efforts**
- 3. Listen to the issues**
- 4. Be honest, frank, and open**
- 5. Coordinate and collaborate with other credible sources**
- 6. Meet the information needs of internal and external advocacy groups**
- 7. Speak clearly and with compassion**



“Over 50,000 British, Canadian, and American troops returned from battle as changed men. Once-vital young men who left to engage a foreign tyrant began to complain of breathlessness, grinding fatigue, irritability, headache, insomnia, and paraesthesia, rendering 70% of them unfit for further duty. 5 years later, fewer than one in six had recovered fully.”

“Specialised research units were commissioned and the best medical minds were enlisted to study these men, to formulate therapeutic approaches, and to devise strategies for preventing similar outcomes in future military campaigns. Reports were published of vascular instability, hyperventilation, bacilliuria, and other physiological and laboratory anomalies in the veterans. Some reports claimed that the fear of injury and exposure to poison gas had

...“The year was
1918.”

Straus SE: Lancet 1999; 353:162

A Unique Phenomenon?

Post-War & Post-Deployment Syndromes

- **“Poorly understood war syndromes have been associated with armed conflicts since at least the US Civil War.”**
- **“...war syndromes have involved fundamental, unanswered questions about the importance of chronic somatic symptoms...”**

Hyams et al. *Ann Intern Med*
1996;125:398

SPECIAL REPORT

Newsweek®

November 5, 2001 : \$3.95

newsweek.msnbc.com



DUST AND FEAR: Doctors see an unusual number of respiratory complaints

HEALTH

Now, 'WTC Syndrome'

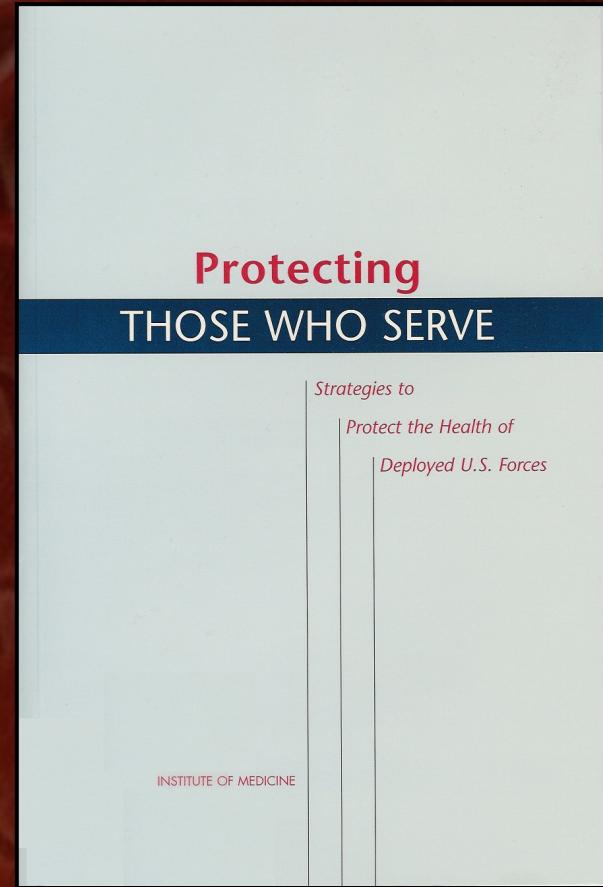
ing coughs and sinus infections to posttraumatic stress and acute lung traumas, including severe asthma requiring mechanical respiration.

The syndrome appears to be

vasculitis ease which caused by No one the long a random

IoM Strategy 5:

“Implement strategies to address medically unexplained physical symptoms in populations that have been deployed.”



Medicine's "Dirty Little Secret"

| <u>Specialty</u> | <u>Clinical Syndrome</u> |
|------------------|--|
| Orthopedics | Low Back Pain Patellofemoral Syndrome |
| Gynecology | Chronic Pelvic Pain Premenstrual Syndrome |
| ENT | Idiopathic Tinnitus |
| Neurology | Idiopathic Dizziness Chronic Headache |
| Urology | Chronic Prostatitis Interstitial Cystitis Urethral Syndrome |
| Anesthesiology | Chronic Pain Syndromes |
| Cardiology | Atypical Chest Pain Idiopathic Syncope Mitral Valve Prolapse |
| Pulmonary | Hyperventilation Syndrome |
| Endocrinology | Hypoglycemia |

| <u>Specialty</u> | <u>Clinical Syndrome</u> |
|-------------------|--|
| Dentistry | Temporomandibular Disorder |
| Rheumatology | Fibromyalgia Myofascial Syndrome Siliconosis |
| Internal Medicine | Chronic Fatigue Syndrome |
| Infect Disease | Chronic Lyme Chronic Epstein-Barr |
| Virus | Chronic Brucellosis Chronic Candidiasis |
| Gastroenterology | Irritable Bowel Syndrome |
| | Gastroesophageal Reflux |
| Physical Medicine | Mild Closed Head Injury |
| Occ Medicine | Multiple Chemical Sensitivity |
| | Sick Building Syndrome |
| Military Medicine | Gulf War Syndrome |
| Psychiatry | Somatoform Disorders |

Non-Medical Social Factors Exert Their Greatest Influence When:

- There is medical uncertainty
- The stakes are high

Medical Uncertainty

Ambiguity regarding diagnosis and treatment

Most common when there is a range of reasonable medical opinion stemming from:

- Multifactorial causation
- Indistinct etiology
- Treatment options

Sources of Morbidity

- **Distress** - diagnosable, treatable
- **Functional Impairment** - real, not imagined
- **Inappropriate health care use** - costly
- **Diminished Credibility** -
- **Latrogenesis** - conservative approach indicated

Military Unique Vital Sign

- **“Is the reason for your visit today related to a deployment?”**
(Yes-No-Maybe)
- **All contacts except wellness visits**
(e.g., periodic examinations, preventive care)
- **Patient rather than clinician determination**
- **1-2% of patients say ‘Yes’**